Annual Emergency Medical Services Pediatric Conference

Come join us!

10TH ANNUAL EMERGENCY MEDICAL SERVICES FOR CHILDREN CONFERENCE

May 21-22, 2010
Center for Meeting and Learning
Lane Community College, Eugene, Oregon

In Case You Missed It!
Registration is now open for the upcoming Emergency Medical Services for Children Conference.
Friday, May 21 1:00pm - Saturday, May 22 3:30pm
Pre-Conference Session, Friday, May 21 8:00am - 12:00pm

Register HERE:

Additional conference information available here
www.oregonemscconference.org/

EMS Leadership Symposium
The second EMS Leadership Symposium will be Friday, May 21, 2010, at the Eugene Fire Department, 1705 W 2nd Ave. The Oregon EMS and Trauma Systems Program, Oregon Fire Marshals Association, and Office of Rural Health invite you to join us for the 2nd Annual EMS Leadership Symposium.

This program is designed to teach the basic tools and information needed to be a great leader. This course will help set the foundation for good leadership skills. It is perfect for current EMS managers or those that will be assuming that role. To register for the symposium, e-mail Kassie Clarke at clarkek@ohsu.edu.

EMS Supervising Physician and Agency Managers Forum

The EMS Supervising Physician and Agency Managers Forum will be held May 20 at the Eugene Fire Department, 1705 W 2nd Ave.

Topics include:

- Helicopter Response & AutoLaunch – Doug Gruzd, MD;
- Regionalized Systems of Care – Paul Rostykus, MD, MPH;
- Automatic CPR – AutoPulse & CPR – Paul Rostykus, MD, MPH;
- Utilizing My Agency’s Data for Good - Aaron Reinert and Gary Wingrove;
- Tea Party Revolt or “I’m from the Government and Here to Help” - Ritu Sahni, MD, MPH.

To register for the forum, e-mail Kassie Clarke at clarkek@ohsu.edu.
No fee registration is required for EMS supervising physicians/medical directors and EMS managers. This one-day meeting is open to EMS supervising physicians and EMS agency managers.

For additional questions or comments about the forum, contact Paul S. Rostykus, MD, MPH - Jackson County EMS supervising physician — 541-601-9709 or drrostykus@jcems.net.
Ritu Sahni, MD, MPH – Oregon State EMS medical director — 971-673-0631 or ritu.sahni@state.or.us.

To submit specific topics for discussion or for questions regarding content, please contact Paul Rostykus, MD, MPH at drrostykus@jcems.net or 541-601-9709.

First Responder 2010 recertification

Recertification instructions
Instructions for the online process were mailed to each certificate holder in **April** with his or her personal identification number (PIN). Additionally, step-by-step instructions will be posted on our website along with a Frequently Asked Questions page: http://egov.oregon.gov/DHS/ph/ems/first_responder/first_responder_recert_2010_faq.shtml.

The recertification fee is $15. Payment will be accepted online via Visa or MasterCard.

**Fingerprints/background checks**

EMS and Trauma Systems staff will conduct a Law Enforcement Data Systems (LEDS) based criminal history check on all recertifying applicants. Any arrests and/or convictions not previously reported to DHS-EMS must be disclosed on your application. If necessary, a prehospital standards representative will contact you for more information.

For those who currently reside outside Oregon, or have done so for 60 or more consecutive days since you were last certified, a national check is required. A fingerprint card and an additional $47.25 fingerprint processing fee are required for these applications. All applications must be submitted by the May 31, 2010 deadline to avoid the late fee. Instructions for fingerprinting will be provided when you apply online or you may contact our office for more information.

**Group payment rosters**

Thank you to those agencies that submitted their group payment rosters by the March 1 deadline! Those agencies have been mailed an invoice to prepay their First Recertification fees and assist with the online application process of their personnel. If you submitted a group payment roster by March 1 and did not receive your invoice, please contact Nancy Gillen at 971-673-0526 or nancy.j.gillen@state.or.us.

If you missed the March 1 deadline, you will not be eligible to pay for your personnel as a group.

**Certification status/verification**

If you did not apply to become an Oregon First Responder after the 2008 changes in Oregon Administrative Rule, you may not be certified through the state. To verify your certificate status or the status of your personnel, you may visit our Electronic Certificate Verification Page on our website: www.oregon.gov/DHS/ph/ems/profeson/verification.shtml

If you are not currently certified as an Oregon First Responder, you will need to successfully complete a state-approved, U.S. Department of Transportation First Responder course. Our website shows a contact list for several of the approved Oregon First Responder training agencies.
For any additional questions regarding your current First Responder certificate status or recertification, you may contact Joanna Faunce at 971-673-0532 or joanna.k.faunce@state.or.us.

**Mid-valley’s trauma system utilizes EMSC pediatric simulation training to improve hospital resource management**

On March 31 Salem Hospital, West Valley Hospital in Dallas, Dallas EMS, Polk County EMS, and Life Flight Network participated in a mock MVC training exercise. The eight-patient MCI scenario focused on multi agency coordination, triage, stabilization, transport and hospital resource management of pediatric patients.

This exercise concluded a two-day seminar on pediatric trauma care for mid-valley first-responders and trauma clinicians. The rural pediatric training program is a project of the state EMSC program and coordinated through Life Flight Network in collaboration with Oregon Department of Transportation Safety Division, Oregon Office of Rural Health and Oregon Health & Science University Emergency Medicine. Photos from the exercise can be viewed [HERE](#).

*Oregon OSHA Fact Sheet on Respiratory Protection – which applies to the masks distributed by the Oregon EMS*
Trauma Systems Program

General-Industry Requirements
Employers must implement a comprehensive written respiratory program when employees are exposed or potentially exposed to hazardous gases or vapors, dust, fumes, mists, other airborne particles and infectious agents, or insufficient levels of oxygen. Respiratory protection is required when control of the hazard is not feasible through engineering controls or while controls are being instituted. An effective respiratory protection program consists of worksite-specific procedures and policies that address all respiratory-protection elements as required by 1910.134, **Respiratory Protection**. Employers must provide respirators, training, and medical evaluations at no cost to employees.

Respiratory Program Element Highlights
- Appoint an administrator to oversee and implement program.
- Identify respiratory hazards; estimate or measure worker exposure.
- Select appropriate NIOSH-certified respirators and respirator components.
- Provide medical evaluations; ensure records are kept.
- Fit-test workers who wear respirators with tight-fitting facepieces; maintain records.
- Develop procedures for using respirators in routine situations and emergencies.
- Ensure voluntary respirator users receive a copy of 1910.134, Appendix D.
- Train all workers required to wear respirators.
- Ensure that respirators are clean, sanitary, and properly stored.
- Ensure that breathing air for atmosphere-supplying respirators meets Grade D quality.
- Evaluate the program to make sure it is effective.

Q What are the qualifications for an administrator?
An administrator must have training or experience in accordance with the program’s level of complexity. Training is appropriate if it enables the administrator to recognize, evaluate, and control the hazards of the workplace.

Q How do I identify and evaluate worksite hazards?
Conduct a worksite hazard analysis. A hazard analysis is a decision-making process that results in determining if a hazard or potential hazard is present. It should focus on worksite chemicals, process equipment, production material and by-products, and the capabilities, limitations, and possible failures of the process. Determine the state and physical form of the hazard: solid, liquid, or gas. Select appropriate respiratory protection based on the hazard. Develop procedures for respiratory use in routine situations and emergencies. Personal monitoring is the most accurate way to obtain worker exposure information. OSHA’s **Small Entity Compliance Guide** has suggestions for measuring or making reasonable estimates of worker exposure. ([www.osha.gov/Publications/seegrev-current.pdf](http://www.osha.gov/Publications/seegrev-current.pdf)) If you are unable to determine or estimate employee exposure, you must consider the worksite atmosphere “immediately dangerous to
life or health” (IDLH) and select appropriate respiratory protection.

The Standards and Technical Resources Section of Oregon OSHA produced this fact sheet to highlight our programs, policies or standards. The information is from field staff, research by technical resources staff, and published materials. We urge readers to also consult the rules, as this fact sheet information is not as detailed.

Q What is appropriate respiratory protection?

Only NIOSH-certified respirators can be used. NIOSH updated its respiratory-certification procedures in 1995 under 42 CFR Part 84 (www.cdc.gov/niosh/part84.txt). This certification establishes filter efficiency and filter efficiency degradation classifications. Respirators must be used in compliance with the conditions of their certification.

Q What is the requirement for medical evaluations and record retention?

Medical evaluations are required prior to the fit-test and before respirator use. Beyond the initial medical evaluation, there are no annual or periodic requirements. However, certain conditions could trigger medical re-evaluation: an employee reports signs or symptoms related to the ability to wear a respirator; the physicians or other licensed health-care professional (PLHCP), program administrator, or supervisor determines it is necessary; the respiratory-protection program indicates a need for re-evaluation; or substantial changes in workplace conditions increase the physiological burden of wearing a respirator.

Medical questionnaires can be completed at the workplace as long as employee information is kept confidential. The PLHCP, operating within the scope of their license, performs a medical evaluation in conjunction with the questionnaire and provides a written recommendation regarding the employee’s ability to use the respirator. Medical evaluation records must be kept in accordance with 1910.1020, Access to Employee Exposure and Medical Records.

Q What are the training requirements?

Employers must provide training that is comprehensive and understandable, and it must reoccur at least annually. Any format or media can be used, as long as the training is effective and covers all training elements defined in the standard. The employee must be able to demonstrate respirator use competency and an understanding of the training components.

Q What is the fit-testing requirement for tight-fitting respirators?

Mandatory use of negative- or positive-pressure tight-fitting respirators (including dust masks) requires fit testing. Loose-fitting respirators (e.g., hoods) do not. Fit test prior to initial use; whenever a different size, style, or manufacture’s respirator facepiece is used; and at least annually. Employees must pass an appropriate qualitative or quantitative fit test administered in accordance with accepted protocols and procedures contained in 1910.134, Appendix A,
Fit Testing Procedures (Mandatory). Maintain fit-test records until the next fit test.

Seal checks are not a substitute for fit testing. Employees must perform a seal check each time tight-fitting respirators are used. Tight-fitting respirators may not be worn when there is facial hair between the sealing surface of the facepiece and the face. Hair cannot interfere with valve function.

Q What are the cleaning, inspection, and storage requirements?

Inspect and store respirators in accordance with 1910.134. Clean and disinfect using the procedures found in Appendix B-2, Respiratory Cleaning Procedures (Mandatory) or equally effective manufacturer’s procedures. Sanitize respirators worn by different individuals, emergency-use respirators, and training/fit-testing respirators prior to use.

Q What are the respiratory protection requirements for “voluntary” use of respirators?

Voluntary use of respiratory protection is highlighted in the “Voluntary Respiratory Protection” fact sheet found on OR-OSHA’s Web site. The respiratory protection standard requires that employees who voluntarily use respirators receive a copy of 1910.134, Appendix D, Information for Employees.

Q What is the requirement for breathing air?

Compressed breathing air must meet at least the requirements for Grade D breathing air. ANSI/CGA G.7-1-1989 specifies the contents of Grade D breathing air as 19.5 to 23.5% oxygen; 5 mg/m$^3$ or less condensed hydrocarbon; 10 ppm or less carbon monoxide; 1,000 ppm or less carbon dioxide; and the lack of a noticeable odor.

Q What is the evaluation process for respiratory protection programs?

Evaluation frequency will depend on the program complexity and variability of workplace processes. Conduct evaluations of the workplace to ensure that all elements of the written respiratory program are properly implemented and effective. Observe and consult with employees to determine if they have problems and that respirators are used properly.

For the full text of Oregon-OSHA rules for respiratory protection, refer to OAR 437, Division 2/I, Personal Protective Equipment; Division 3/E, Personal Protective and Life Saving Equipment; Division 4/I, Protective Equipment; Division 5, Maritime Activities (1915/I, 1917/E, and 1918/J); Division 7/D, Personal Protective Equipment and Programs; and substance-specific standards on Oregon OSHA’s Web site, www.orosha.org.

EMS awards

The Oregon EMS subcommittee on Certification and Discipline will review the award process
and nominations at its June meeting.

We know that there are many individuals and units in Oregon worthy of recognition. Please take a few minutes and e-mail nominations to: EMS.trauma@state.or.us.

---

**April Mobile Training Unit (MTU) update**

- March was a busy month for both Mobile Training Units.
- Donna was in northeast Oregon teaching a refresher weekend for Richland, Halfway and Keating EMS responders that included ACLS and electronic patient care reports.
- Leslie and Donna taught PHTLS courses at Klamath Falls and Chiloquin. The Chiloquin course included several BLS personnel, some of whom had never taken PHTLS.
- Donna assisted with the Columbia Gorge Community College accreditation process.
- Donna spent time in the Ontario and Vale areas conducting airway and respiratory assessment courses and working with agencies using Image Trend PCRF software.
- Leslie conducted a two-hour course regarding blood borne pathogens in Milo. Personnel from Days Creek Fire and Tiller Fire also attended the course.
- Donna and Leslie taught a PEPP course to the volunteers and paid personnel at Molalla Fire District. Approximately 18 people attended the course including personnel from Odell and Colton fire districts. Part of the skill stations included the assessment and immobilization of live children. Immobilization of children seemed to be the theme of the month.
- The MTU will conduct a 48-hour paramedic refresher course over three weekends in La Grande throughout this year. The dates of the course will be: April 23-25; June 11-13; and September 10-12.
The MTU will teach the following classes in April and mid-May:

- 4/19: Geriatric Trauma and TBI in Lincoln City;
- 4/20: 12-Lead ECG Review in Sherman County;
- 4/21: Patient packaging in Boardman;
- 4/24: Patient Assessment and Altered Mentation at Stayton Fire;
- 5/3: Splinting Skills in Paisley;
- 5/3: Spinal Immobilization Skills at Wolf Creek Fire;
- 5/5: START Triage in Tillamook;
- 5/8: 12-Lead ECG in Seaside;
- 5/12: Altered Mentation in Cannon Beach;
- 5/13: Anaphylaxis at Mist-Birkenfield;
- 5/15: TBA at Myrtle Point;
- 5/17: Abdominal Medical Emergencies at Lane Rural Fire.

More details on the above courses may be found at http://home.teleport.com/~ohdmtu/mtu/.

Image Trend – If your agency has not moved to electronic patient care reports and you are interested, please contact Donna @ 503-807-5850 or donna.r.wilson@state.or.us. Image Trend is available to all transport and non-transport agencies. It is user-friendly and will make your patient care job easier.

Oregon EMS/Trauma Webinar Learning Series – High-quality free Oregon CME

The Oregon Office of Rural Health and the State EMS and Trauma Systems Office have partnered to bring web-based education to EMTs and emergency providers throughout Oregon. To access this free distance education opportunity, you must register for each presentation separately by e-mailing Kassie Clarke at clarkek@ohsu.edu. Presentation announcements will be sent to everyone who has previously registered for a webinar a week in advance of the presentation.

Webinars will be held on the second Tuesday of each month at noon Pacific Time. Presentations will last approximately one hour and will be recorded for those who cannot attend the live presentation. Continuing education (CE) credits will be available for those who are able to attend the live presentation. You must respond to an online survey after the presentation in order to receive a CE certificate.
EMS Program activity

FEBRUARY 2010 EMT STATISTICS

<table>
<thead>
<tr>
<th></th>
<th>FAILED</th>
<th>PASSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASIC EXAMS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written</td>
<td></td>
<td></td>
</tr>
<tr>
<td>exams</td>
<td>19</td>
<td>52</td>
</tr>
<tr>
<td>Practical</td>
<td>1</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INTERMEDIATE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>exams</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practical</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PARAMEDIC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written</td>
<td>3</td>
<td>26</td>
</tr>
<tr>
<td>exams</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practical</td>
<td>3</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RECIPROCITY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applications received</td>
<td>13</td>
<td>2</td>
</tr>
<tr>
<td>Certificates issued</td>
<td>15</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RECERTIFICATION AUDITS</td>
<td>Audit required</td>
<td>Complete</td>
</tr>
<tr>
<td>Basic</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>Intermediate</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Paramedic</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

Ambulance service licensing

On April 01, 2010 ambulance renewal applications were mailed out to all licensed ambulance services in Oregon. Ambulance service and ambulance vehicle licenses are renewed on a yearly basis in Oregon. Any agency wishing to remain active as a licensed agency must submit a renewal application with a vehicle roster prior to May 31, 2010.

The DHS-EMS received four applications for new ambulance service licenses in March and April. Inspections have been scheduled and DHS-EMS hopes to issue the new licenses soon.

Please access the latest licensing applications and forms from our website at
http://oregon.gov/DHS/ph/ems/. DHS-EMS encourages agencies to download applications and forms for new licenses from our website as they are constantly updated with subtle changes.

DHS-EMS continues to perform routine ambulance inspections for licensed ambulance agencies across the state. The inspections team has been very pleased with preparation and cooperation from the agencies that have been inspected.

Upcoming events

EMS Week: May 17-21 is EMS week this year!

MAY 19, 2010 The EMS and Trauma Systems Program and ODOT plan to showcase Oregon’s EMS providers and agencies and at the State Capital Mall Park Grounds. Join us for equipment and vehicle displays, EMS demonstrations and the opportunity to meet and greet staff from ODOT and the EMS Office. Our goal is to raise awareness about the importance of well-trained and properly-equipped emergency medical service providers.

Some of our key messages include:

- Oregon’s EMS and Trauma Program works with agencies and providers statewide to ensure that all Oregonians receive the best care possible in emergency situations.
- Properly trained and equipped emergency services providers save lives.
- Pediatric emergency patients have unique needs.
- A quality EMS system can respond efficiently to traffic crashes can reduce fatalities and catastrophic injuries; Oregonians can prevent crashes by driving safely and cautiously.

If you would like to participate or have a suggestion for activities or displays, please e-mail Liz Morgan at elizabeth.e.morgan@state.or.us.
### Emergency Medical Services and Trauma Systems Program

**Department of Human Services**  
**Public Health Division**  
800 N.E. Oregon Street, Suite 465A  
Portland, OR 97232  
Telephone: 971-673-0520

### Program Staff

<table>
<thead>
<tr>
<th>Role/Position</th>
<th>Name</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Director</td>
<td>Robert Leopold</td>
<td>971-673-0520</td>
<td></td>
</tr>
<tr>
<td>Program Medical Director</td>
<td>Ritu Sahni, MD, MPH</td>
<td>971-673-0520</td>
<td></td>
</tr>
<tr>
<td>EMS Manager</td>
<td>Kimberly Torris</td>
<td>971-673-0523</td>
<td><a href="mailto:kimberly.l.torris@state.or.us">kimberly.l.torris@state.or.us</a></td>
</tr>
<tr>
<td>EMT Certification Coordinator</td>
<td>Shelly Shute</td>
<td>971-673-0533</td>
<td><a href="mailto:michele.k.shute@state.or.us">michele.k.shute@state.or.us</a></td>
</tr>
<tr>
<td>EMT Examination Coordinator</td>
<td>Nancy Gillen</td>
<td>971-673-0526</td>
<td><a href="mailto:nancy.j.gillen@state.or.us">nancy.j.gillen@state.or.us</a></td>
</tr>
<tr>
<td>Prehospital Standards</td>
<td>Elizabeth E. Morgan</td>
<td>971-673-0530</td>
<td><a href="mailto:elizabeth.e.morgan@state.or.us">elizabeth.e.morgan@state.or.us</a></td>
</tr>
<tr>
<td>NREMT-P, EMS Compliance Specialist</td>
<td>Joanna Faunce</td>
<td>971-673-0532</td>
<td><a href="mailto:joanna.k.faunce@state.or.us">joanna.k.faunce@state.or.us</a></td>
</tr>
<tr>
<td>Prehospital Standards</td>
<td>Justin Hardwick</td>
<td>971-673-0576</td>
<td><a href="mailto:justin.hardwick@state.or.us">justin.hardwick@state.or.us</a></td>
</tr>
<tr>
<td>Mobile Training Unit Coordinator</td>
<td>Leslie Huntington</td>
<td>503-931-0659</td>
<td><a href="mailto:mtu2@teleport.com">mtu2@teleport.com</a></td>
</tr>
<tr>
<td>EMS for Children Manager</td>
<td>Philip Engle</td>
<td>971-673-0525</td>
<td><a href="mailto:philip.p.engle@state.or.us">philip.p.engle@state.or.us</a></td>
</tr>
<tr>
<td>EMS for Children Program Manager</td>
<td>Kimberly Torris</td>
<td>971-673-0523</td>
<td><a href="mailto:kimberly.l.torris@state.or.us">kimberly.l.torris@state.or.us</a></td>
</tr>
<tr>
<td>EMS/Trauma Research Analyst</td>
<td>Donald Au</td>
<td>971-673-0521</td>
<td><a href="mailto:donald.k.au@state.or.us">donald.k.au@state.or.us</a></td>
</tr>
<tr>
<td>Administrative Specialist/Trauma Registrar</td>
<td>Susan Harding</td>
<td>971-673-0527</td>
<td><a href="mailto:susan.m.harding@state.or.us">susan.m.harding@state.or.us</a></td>
</tr>
<tr>
<td>RN, BSN, MAS, Trauma and Tertiary Care Program Manager</td>
<td>Susan Werner</td>
<td>971-673-0534</td>
<td><a href="mailto:susan.m.werner@state.or.us">susan.m.werner@state.or.us</a></td>
</tr>
</tbody>
</table>